

and preceded by violent pain in both eyes, cured by electro-puncture. This patient entered the hospital in 1832, and was so much improved by acupuncture, as to be able to distinguish light from darkness. The treatment was now interrupted for two months, on account of the vacation, and on the 11th of October the supra-orbital nerve of the right side was acupunctured. During the operation the patient perceived some sparks in the eye, and on the 11th, when it was repeated, he felt a slight shivering along the vertebral column. On the 13th the left, on the 14th the right supra-orbital, and latterly the infra-orbital nerves, were acupunctured. These were followed by sparks in the eyes and shivering along the spine. On the 17th the galvano-punctor was employed, for the first time, and four plates of Volta's pile were used. The same nerves were touched, and after four minutes the patient felt some febrile *frisson* sparks in the eye, and a flow of tears. On the 19th, after a similar operation on the right side, the patient began to see. On the following morning, the inner moiety of the visual field was somewhat troubled, but within ten hours this phenomenon diminished, and towards evening the patient, to his great joy, could distinguish all large objects.

On the 21st the operation was repeated on the left side for two minutes and a half; his eyes continued watery for the whole day. On the morning of the 22nd, all objects were covered with a thick veil, but this soon went off, and the patient could see so clearly with both eyes as to distinguish a small silver coin. The galvano-puncture was reapplied from time to time during the months of November, December, and January. On the 11th of February it was carried to twenty-six plates of the pile; at this time the patient was fully able to distinguish small objects, and even their colour, &c.—*Lancet*, Aug. 22, 1836.

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## MIDWIFERY.

53. *Case of spontaneous version.* By Dr. FR. NIESS of Vöhl.—A healthy stout-made woman, æt. 21, who had an easy and favorable labour eighteen months previously, enjoyed good health. On the 9th of October, a period which corresponded with her own computation, she first felt slight pains, during which the waters drained very slowly, after the lapse of several hours. A midwife was called in, but the patient would not permit her to make any examination on that day; observing that the child would soon be born. During the night, when the pains had become stronger, the midwife insisted on making an examination, and, having discovered an arm-presentation, advised her to send for me: this, however, was not done until the following day at noon. When I arrived, about three o'clock in the afternoon, I found the left arm presenting, with the hand protruded from the vulva: the arm was greatly swollen and livid, the palm turned towards the right thigh of the mother. The os uteri had contracted on the arm, so that I could only pass a single finger round it. The womb was closely applied to the body of the child, and I could ascertain, without difficulty, that the head lay over the horizontal ramus of the pubis, towards the right side of the mother, and the feet towards the left side.

According to the midwife's account, the pains had been for several hours violent, frequent, and extremely severe; still the arm made no progress. The general state of the patient was favourable: she merely complained of considerable thirst, and expressed great anxiety about her condition. As I could not think of turning under such circumstances, I proceeded to take proper steps to diminish and regulate the pains. Having premised venesection, as the patient was very robust and plethoric, I gave repeated doses of aqua lauro-cerasi, ordered friction to the abdomen, with a liniment composed of olive-oil and tincture of opium, and tepid oleaginous injections to be frequently thrown up the vagina. Under the continued use of these means, the pains appeared, after the lapse of two hours, to diminish in intensity and severity, and the os uteri had become more yielding; and, as the woman became every moment more impatient and more importunate for assistance, I decided on attempting to turn the child. But, on this and subsequent trials, I found it impossible to pass my hand into the uterus; the irritation produced by attempting to introduce it renewed the pains, and the os uteri was so

powerfully contracted on the arm of the child, that a forcible introduction of the hand would have been attended with great risk of rupturing the uterus.

Under these circumstances, and when I found the uterus began to grow more sensible to the touch, I determined to have the advice of another physician, and went to a neighbouring house for the purpose of sending a messenger to him. On my return, somewhat less than an hour afterwards, I was surprised to find the state of things greatly altered. The swollen livid arm, along with the shoulder, had been pushed forwards considerably, and the back had entered the pelvis. With strong pains, accompanied by convulsive tremors of the limbs, the back continued to descend for a quarter of an hour, while the shoulder remained fixed beneath the pubis; and a few minutes after the buttock was evolved, sweeping out under the back with a circular motion. The lower extremities came away almost at the same instant; soon afterwards the trunk, arms, and head; then the placenta, the expulsion of which was followed by a moderate discharge of blood, which soon ceased. The child arrived at its full time, and of very considerable size, exhibited no sign of life: the left shoulder, and the parts in its vicinity, were greatly swollen and ecchymosed. The patient went on favourably afterwards, the external parts of generation were at first very much swelled, but she was able to leave her bed on the sixth day.—*B. and F. Med. Rev.* Jan. 1837, from *Neue Zeitsch. für Geburtkunde*, B. iii. H. 3.

**54. Case of Tubal Pregnancy.**—Dr. DREJER, of Copenhagen, has recorded an interesting case of this in the 15th Vol. of *Siebold's Journal of Midwifery*. The subject of it was a mason's wife, aged 33, the mother of five children, and who believed herself to be in the 5th month of another pregnancy, having distinctly felt the movements of the child, though for a fortnight they had altogether ceased,—was suddenly seized, after a breakfast consisting of tea and biscuit, with a burning pain in the abdomen, speedily followed by rigors, vomiting, and great prostration of strength. A physician residing in the neighbourhood prescribed a julep to allay the vomiting, but being himself indisposed, he did not see her again. In the afternoon she was visited by Dr. Drejer, who found her in a state of syncope and with every sign of anaemia, although no blood had passed from her. On recovering consciousness, she complained of agonizing pain in the abdomen and of retention of urine. There was no distension of the abdomen, and on examination, the uterus was ascertained to be in its normal situation with the os uteri somewhat open, whence Dr. Drejer inferred that his patient was mistaken in supposing herself pregnant; and, attributing her sufferings to spasms, he directed the julep to be continued with the addition of a little musk and liq. anodyn. She died quietly an hour afterwards.

**Sectio Cadaveris.**—On pressing upon the abdomen, a hard rounded body was felt in the hypogastric region. Within the abdomen was observed, first, a large quantity of extravasated blood; this being removed, the placenta was discovered; it presented the appearance of a convex fleshy body, and was inserted into the middle of the right fallopian tube, which was bursted; a foetus of the female sex, weighing  $6\frac{1}{2}$  ozs., and attached to the placenta by the umbilical cord, lay among the intestines. The placenta was  $10\frac{1}{2}$  inches in circumference. It was remarkable that the broad ligament and fallopian tube of the right side did not pass off from the uterus as they normally do, but proceeded from that part of the organ immediately adjoining the neck. It was not possible to pass a probe through either tube. The uterus, which lay in its natural position, was somewhat enlarged, the cervix filled with a white gelatinous substance, the os tincte open, and the uterine cavity rather dilated and lined by a thick pale membrane. A corpus luteum was found in the left ovary, but with the most minute examination no traces of one could be discovered in the right, a circumstance sufficiently perplexing, for as every conception necessarily produces a corpus luteum, and as the one found was of the size and appearance usual in the 5th month of pregnancy, it is not easy to conceive how the ovum could have got from the left ovary into the right fallopian tube. It may be remarked that the patient in this case was subject to hysteria, and for some time had suffered from a pulmonary affection, but during this pregnancy, she had not complained of repeated attacks of pain in the belly, or of an impossibility of lying on the right side.—*Med. Chirurg. Rev.*, Jan. 1837.